



ALCOHOL AND YOUR HEALTH

To the Editor: Much has been written in the *Journal* on the health consequences of alcohol misuse. Articles have covered topics such as the negative effect of alcohol use on iron overload, coronary heart disease (CHD), cirrhosis of the liver, chronic digestive disease, pancreatitis, brain damage, fetal alcohol syndrome, and trauma.

Over the last decade there has been increasing discussion on the positive health effects of moderate consumption of alcohol.¹ This debate has been largely absent in South Africa. A recently published article in the *South African Journal of Clinical Nutrition* entitled 'If you drink alcohol, drink sensibly'² has addressed this issue as part of the Food-Based Dietary Guidelines (FBDG).

The FBDG on alcohol recommend that South African alcohol consumers should engage in 'low-risk' drinking, defined as no more than four standard units of alcohol per day for men and no more than two units for women, with at least two alcohol-free days per week. A standard unit is defined as one 340 ml can of beer containing 12 g of alcohol, a 120 ml glass of wine, or a 25 ml tot of spirits.³ However, people are not encouraged to start drinking or to drink more to gain any claimed health benefit. Various categories of persons are advised not to consume alcohol: children, individuals who are not able to restrict their drinking to moderate levels, pregnant women, persons operating machinery, persons taking prescription medicines, and persons with a genetic tendency to alcohol dependence.

Regarding the protective effects of alcohol consumption for CHD, benefits may occur for some older individuals (e.g. men over 35 years and postmenopausal women⁴), with drinking levels as low as one drink every 2 days.⁵ However, these benefits are replicable through other means such as ceasing to smoke, eating a balanced low-fat diet, and taking aspirin.⁶ Drinking to the point of intoxication, which is fairly common among many drinkers in South Africa over weekends,⁷ is likely to negate any health benefits. For younger persons alcohol is likely to have a net detrimental effect on mortality due to its role in violence and other forms of injury.

Public health experts are now questioning the 20 standard drinks for men and 10 for women as weekly 'low-risk' maximums (set out above). New Canadian guidelines are 14 standard drinks (of 13.6 g alcohol) per week for men and nine for women, with no more than two drinks per day.⁸ This is a topic requiring further debate in this country.

C D H Parry

*Alcohol and Drug Abuse Research Group
Medical Research Council
Tygerberg*

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COMPLETE CONGENITAL HEART BLOCK DIAGNOSED IN LABOUR

To the Editor: Complete congenital heart block is a relatively rare disorder (incidence 1:20 000 - 25 000) almost always associated with the presence of passively acquired auto-antibodies, usually anti-Ro (SSA) and anti-La (SSB).¹ Several therapeutic options, including maternal immunosuppression and anti-arrhythmic drugs, are available if the diagnosis is made antenatally. We recently successfully managed a vaginal delivery in a patient with fetal heart block diagnosed during labour.

The patient, 21 years old, gravida 2, para 1, attended the antenatal clinic for the first time at 33 weeks' gestation. She had previously had an uncomplicated vaginal delivery at term. All the routine antenatal laboratory tests were within normal limits. She did not return for the scheduled follow-up visit, but presented 3 weeks later at the midwife obstetric unit in active labour. The attending midwife registered a fetal bradycardia on auscultation and the patient was transferred to Tygerberg Hospital.

After the patient was admitted to the labour ward, an internal scalp electrode was applied which showed a non-reactive cardiotocogram pattern with a constant heart rate of 55/min. The fetus was immediately examined with ultrasound. There were no obvious congenital abnormalities. The atria contracted normally at 140/min on an adequate four-chamber view of the heart, but the ventricular response rate was about 55/min. To exclude fetal distress, a scalp pH was attempted but the patient's cervix was fully dilated and she subsequently delivered.

A male infant was born, weighing 2 794 g and with good Apgar scores. An ECG tracing on the infant confirmed a complete heart block with a pulse rate of 55/min. The post-delivery course of both mother and baby was uncomplicated. Tests for the anti-Ro and anti-La antibodies were positive in the mother, with antinuclear antibodies negative. Both anti-Ro and anti-La antibodies were present in the infant, with the antinuclear factor positive with a titre of 320. The infant is still well 1 year later and did not require a pacemaker.

Complete heart block renders traditional cardiotocographic monitoring useless. The available options to monitor fetal wellbeing during labour are ultrasound and frequent scalp



blood gas analysis. This condition must always be part of the differential diagnosis of a fetal bradycardia on cardiotocography tracing and demonstrates that a good outcome is possible even in the absence of sophisticated and expensive antenatal and intrapartum care.

Igno Siebert
Stefan Gebhardt

*Department of Obstetrics and Gynaecology
University of Stellenbosch and
Tygerberg Hospital
Tygerberg, W Cape*

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CME AND RECERTIFICATION

To the Editor: All who are currently registered with the Health Professions Council of South Africa need to submit evidence of having participated in continuing medical education, designated as CPD points. This is also applicable to those who practise outside the boundaries of South Africa and continue to maintain registration in this country.

Continuing medical education is important and takes many forms, including conference attendance, participation in teaching activities, journal clubs and above all the self-discipline of regularly reading the medical literature, such as the *SAMJ*. As members of the medical profession, we have a duty to remain abreast of recent advances. This is not easy in a fast and changing world. Some doctors remain reluctant to attend meetings or conferences, usually using the age-old excuse of being too busy, or asking 'what are they going to teach me?' There is a burden on both the individual and the organisers of conferences; individuals must be motivated and desire to improve their knowledge, while on the other hand the organisers must put together attractive and balanced programmes, with good and knowledgeable speakers. Registrant involvement at conferences is desirable, as is the opportunity to be kept abreast of regulatory changes. In an ideal world all mesh, with satisfaction all around. Our patients are the ultimate beneficiaries and we get our CPD points!

The controversial question of recertification remains a very touchy issue with doctors, and in the USA it has been required by most, if not all, specialties. A colleague of mine was travelling by air in the US, and the person sitting next to him was a uniformed airline pilot going for his annual recertification. During their discussion, he mentioned that most of the pilots pass their recertification examinations on the first go. My colleague was appalled by the high pass rate and felt that this was a sham. After further explanation, my colleague realised that the purpose of pilot recertification was to ensure

that pilots maintained essential skills and judgement.¹

We all expect the pilots who fly us around the world to pass their recertification examination. Shouldn't we expect the same from all our doctors?

In 1993, I passed the recertification examination set by the American Board of Anesthesiology.

Jan D Smith
*IsMeTT-UPMC Italy
Palermo
Italy*

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MRC Gold and Silver Medal Awards

Nominations are hereby requested for the MRC Gold and Silver Medal Awards. Nominations must be received by 30 August 2002 and should include a motivation and full CV, indicating other awards and full publication record of the nominated person.

GOLD MEDALS

Gold Medals may be awarded to persons who are or were connected to the MRC in a full- or part-time capacity and who made **meritorious contributions** to enhancing the prestige of the MRC and/or extending medical knowledge. Only one Gold Medal is usually awarded in a cycle of 2 years.

Further criteria for awarding Gold Medals are:

- * If an individual has made an exceptional breakthrough or contribution in research that is acknowledged at national and international level.
- * If an individual has made a sustained contribution that has received international acknowledgement for at least 15 years.

SILVER MEDALS

Silver Medals are awarded for **excellence** in terms of the following criteria:

- * For sustained research and international acknowledgment over a period of at least 10 years.
- * Where the individual has demonstrated leadership in the field of research management and capacity development.

A Merit Awards Committee appointed by the Board will consider these nominations in due course.

Queries and nominations to:
Ms Leverne Gething
Division Manager: News, Publications and Media Relations
Medical Research Council
PO Box 19070
Tygerberg, 7550
Tel. (021) 938-0293
Fax (021) 938-0395